

1223

In case of more than one child, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH			ARIZONA STATE BOARD OF HEALTH		
BUREAU OF VITAL STATISTICS			State Index No. 119		
ORIGINAL CERTIFICATE OF BIRTH			Co. Register No. 182		
Local Registrar's No.			St; Ward)		
County of <u>Yuma</u>			(No. _____)		
District of <u>Yuma</u>			St; _____		
Town of <u>Yuma</u>			Ward _____		
or _____					
City of _____					
FULL NAME OF CHILD <u>Guadalupe Valles</u>					
If child is not named, make Supplemental Report on blank obtainable from local registrar.			Born <input checked="" type="checkbox"/> YES		
			Alive <input checked="" type="checkbox"/> NO		
Sex of Child <u>M</u>	<input checked="" type="checkbox"/> Twin, Triplet or other	and Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 21</u> 191 <u>5</u>	(Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Jose Valles</u>			Full Maiden Name <u>Guadalupe Villa</u>		
Residence <u>Bone St</u>			Residence <u>Bone St 24</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>33</u> (Years)		Color or Race <u>Mex</u>	Age at last Birthday _____ (Years)	
Birthplace <u>Mexico</u>			Birthplace <u>Mex</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of child of this mother... <u>2</u>		Number of children, of this mother, now living... <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on <u>July 21</u> 191 <u>5</u> , at <u>6 A.</u> M.					
{ *When there is no attending physician or midwife, then the householder should make this return.					
Given or christian name added from a supplemental report _____ 191 <u>5</u>			(Signature) <u>R. J. Fox</u>		
			(Attending physician, midwife, householder. *)		
COUNTY REGISTRAR.			Address _____		
Filed <u>July 23</u> 191 <u>5</u>			<u>R. J. Fox</u>		
			LOCAL REGISTRAR.		
COUNTY REGISTRAR.			Filed <u>Aug 5</u> 191 <u>5</u>		
			A True Copy <u>R. J. Fox</u>		
			COUNTY REGISTRAR.		